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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000351 (5)**

1. Corporation Name

B'NAI B'RITH M. AUREL ROSIN LODGE NO. 2004 FOUNDATION, INC.

Principal Place of Business

Mailing Address

P O BOX 5207
SARASOTA FL 34277

P O BOX 5207
SARASOTA FL 34277-5207



3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report
05/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDLAND, RALPH L
2033 MAIN ST
SARASOTA FL 34237**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **TISHMAN, MARK**
STREET ADDRESS **2311 SIESTA DR**
CITY-ST-ZIP **SARASOTA FL 34239**

1. ☒ **Treasurer** ☐ Change ☒ Addition
2. NAME **BRIEFMAN, MARK**
3. STREET ADDRESS **2501 S. Tamiami TRAIL**
4. CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **D** ☐ DELETE
NAME **FRIEDLAND, RALPH L**
STREET ADDRESS **7305 CRAPE MYRTLE WAY**
CITY-ST-ZIP **SARASOTA FL 34241**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GREEN, EUGENE L**
STREET ADDRESS **1627 WALDEMERE ST**
CITY-ST-ZIP **SARASOTA FL 34239**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HYMAN, HAROLD**
STREET ADDRESS **3103 GLENELLYN DR**
CITY-ST-ZIP **SARASOTA FL 34237**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MURZIN, LEONARD S**
STREET ADDRESS **1705 CLOWER CREEK ST BR-203**
CITY-ST-ZIP **SARASOTA FL 34231-8929**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BIEBER, LESTER**
STREET ADDRESS **4822 OCEAN BLVD #2B**
CITY-ST-ZIP **SARASOTA FL 34242**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Briefman **MARK BRIEFMAN**

1/22/97

(941) 366-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0064141

CR2E037 (9/96)